PTQ/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Penerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

UIR								A11-01-01-01-01-01-01-01-01-01-01-01-01-0		S 9 ASID CIAD C	
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										707	3 ⁵ 9
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2) SMALL EN								NTITY	OR	OTHER THAN SMALL ENTITY	
FOR NUMBER F			R FILED	NUMBE	R EXTRA		RATE	FEE		RATE	FEE
	C FEE FR 1.16(a))							s	OR		<u>. 77</u> 0.
	AL CLAIMS FR 1.16(c))	33	minus 20)	3		x s=		OR	x s 18 =	234
	PENDENT CLAIR FR 1.16(b))	15 3	minus 3				x \$=		GR	x s=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+5=		OR	+s=		
* If the difference in column 1 is less than zero, enter *O* in column 2.							TOTAL		OR	TOTAL	1004
CLAIMS AS AMENDED - PART II									•		PRID
9-27-05 (Column 1) (Column 2) (Column 3)									OR	OTHE	I R THAN
4~	2 FOS	(Column 1)		(Column 2)	(Column 3)	1 1	SMALL E	NTITY		SMALL	ENTITY
NTA		CLAIMS REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY: PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MENDMENT	Total (37 CFR 1.16(c))	37	Minus	32	=		x 3 /2 =		OR	x s =	
ä	Independent (37 CFR 1.16(a))	7	Minus	···~	2	1	x s/V =		OR	x 24 =	
A	FIRST PRESENT	ATION OF MULTIPLE	E DEPENDE	ENT CLAIM (37 CF	R 1,16(d))	1	+s =		OR	+5 =	
	<u></u>						TOTAL ADD'L FEE		Oñ	TOTAL ADO'L FEE	
		(Column 1)		(Column 2)	(Column 3)		, , ,	<u> </u>			
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		ŖATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
M	Total (37 CFR 1.16(c))	•	Minus	••	=	1	x s=		OR	x \$=	
ENDMENT	Independent (37 CFR 1,16(b))	•	Minus	***	=	1	x s =		OR	x s=	
AMI		ATHY! OF MULTIPL	E DEPEND	ENTICLAM (37 CF	T 1,16(d))		+s =		OR	+5 =	
	Therrica				\	1	TOTAL ADD'L FEE		OR	TOTAL ADO'L FEE	
İ		(Column 1)		(Column 2)	(Column 3)				,		
NTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDMEN	Total (37 CFR 1.16(ct)	•	Minus	**	=		x \$=		OR	x s=	
EN	Independent (37 CFR 1.16(b))	•	Minus	***	z		x \$=		OR	x \$=	
AME	FIRST PRESENT	TATION OF MULTIPL	E DEPENDI	ENT CLAIM (37 C	FR 1.16(d))	1	+5=		OR	+ s=	
TOTAL ADD'L FEI							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3. •• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ••• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

*** If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, use the charged process of the confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, use the charged process of the charged process. The will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.